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#### ABSTRACT

This report is a summary of a task analysis for the emerging occupational area of electroencephalography (EEG) which sought to validate the task list for the EEG technicain and to aid in the development of a quality training program for such technicians. It contains survey methods, a description of the sample and percentage of response, background data, task inventory results, summary, and conclusions. Tables show the samples' respondents, comparisons and variables, differences in mode scores between various groups, and a numerical summary of responses to questions concerning research, training activities, and membership; more than half of the document is devoted to appendixes on a list of occupations, a roster of the National Technical Advisory Committee, the task analysis survey, a list of health care facilities selected for the national survey, response to the EEG technician survey, and write-in responses. Survey results are discussed with reference to their educational implications. (NH)



# A STUDY OF THE OCCUPATION OF ELECTROENCEPHALOGRAPHIC TECHNICIAN

Thomas E. Freeland

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# UNIVERSITY OF CALIFORNIA, LOS ANGELES Division of Vocational Education

#### ALLIED HEALTH PROFESSIONS PROJECT

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#### FOREWORD

The Division of Vocational Education, University of
California, is an administrative unit of the University concerned with responsibilities for research, teacher education,
and public service in the broad area of vocational and technical
education. During 1968 the Division entered into an agreement
with the U.S. Office of Education to prepare curricula and
instructional materials for a variety of a field health areas.
For the most part such materials are related to pre-service and
in-service instruction for programs ranging from on-the-job training
through the Associate degree level.

This report is a summary of the task analysis for the emerging occupational area of Electroencephalography (EEG)

Technician. A National Technical Advisory Committee for the Electroencephalographic Technician Occupation provided assistance in designing a questionnaire which was used to identify tasks performed by or appropriate to Electronencephalography Technicians in health care facilities throughout the nation.

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#### SUMMARY

The purpose of this study is to validate the task list for the occupation of Electroencephalography Technician. The task list was devised by staff members of the Allied Health Professions Projects and was later reviewed and amended by the National Technical Advisory Committee for EEG Technicians training programs. It was thought that information pertaining to the performance of specific tasks would aid in the development of a quality training program for EEG Technicians.

A task analysis questionnaire was prepared, based on the information contained in the task list and on a review of various methods of task analysis. One hundred ninety-nine questionnaires were distributed nationally to four different samples (unequal n). Approximately 60 percent of the questionnaires were returned.

The survey results suggest that: (1) the task list was highly representative of those tasks which are currently being performed by EEG Technicians; (2) the technician does not receive a great deal of supervision in the performance of his job; (3) few of the tasks being performed by Technicians were perceived as being difficult to perform; (4) the NTAC members perceived that the tasks were done more frequently, required a greater degree of supervision, and were more difficult to perform than the other samples discussed.

On the basis of the survey data it was concluded that EEG Technician training programs should encompass educational content relevant to each of the items in the task list.



#### I. INTRODUCTION

Early in 1968, the Division of Vocational Education of the University of California at Los Angeles received funding from the United States Office of Education for a research and demonstration project for the development of curricula and instructional materials in the allied health occupations. These curricula and materials are designed for use in pre-service and in-service education through the Associate degree level. The major objectives of the Allied Health Professions Project (AHPP) were: (1) to develop curricula and instructional materials for clusters of allied health occupations; (2) to develop innovative instructional programs for pre-service and in-service training appropriate to the occupations selected; (3) to establish a curriculum center for the allied health professions; and (4) to provide for on-going evaluation and upgrading of those programs which were to be developed.

The initial goal of the project was to develop instructional materials for approximately 18 selected occupations. Since the time when the scope of the project originally was defined, however, various technical experts and medical care authorities have suggested that the project's field of interest be enlarged. Appendix A provides a listing of those allied health occupations which are currently being studied, as well as those being considered for study.

The project staff has utilized the following procedures in developing instructional materials: (1) identification and listing of all possible tasks within the prescribed functional area; (2) verification of those tasks appropriate to the occupational area; (3) determination of skills and knowledges essential for the satisfactory performance of each task; (4) development of behavioral objectives for each task; (5) development of appropriate curricula; (6) development of instructional materials; (7) testing and evaluation of the instructional materials which have been developed; and (8) production and distribution of materials.

At the suggestion of John E. Affeldt, M.D., Medical Director, Los Angeles County Department of Hospitals, the Electroencephalographic Technician's occupation was included in the study. A great need for competent technicians has been noted. The increase in the number of active technicians, and in the number of potential jobs, may be related to an increase in the reliability of recorders and to advances in recording techniques. The electroencephalographic recording, popularly known as the "brain wave," has advanced from a demonstration and research procedure to a valuable diagnostic tool.



It is the purpose of this report to review the results of a nation-wide survey of the job activities of EEG (Electroencephalographic)
Technicians. The intention of this survey was to verify those tasks which are appropriate to the occupational area.

#### II. METHODS

The first phase of the study required the development of a comprehensive task inventory. This inventory was to include all tasks that might be performed by an EEG Technician. The following steps were used in developing the task inventory: (1) a nationwide survey of job descriptions was completed; (2) a review was undertaken of related literature; (3) local laboratory facilities were visited; (4) interviews were conducted with local EEG Technicians; (5) Experts in the occupational area were consulted.

While the task inventory was being constructed, a search was conducted for the purpose of identifying persons interested in improving educational and training programs for EEG Technicians. Terrence D. Capistrant, M.D., a member of the National Center for Chronic Disease Control, National Institute of Health, told the project staff about a number of persons who were currently conducting EEG Technician training programs. Conferences with Richard Walter, M.D., University of California, Los Angeles, and with John R. Knott, Ph.D., University of Iowa, resulted in the selection of members for the National Technical Advisory Committee (NTAC) for the EEG Technician training program, representing a cross-section of the field: practitioners, association spokesmen, educators, and supervisors of EEG Technicians. A complete listing of the Advisory Committee members appears in Appendix B.

The first series of meetings with the National Technical Advisory Committee for EEG Technician training programs was held July 6-9, 1969. The purpose of these meetings was to review and amend the task inventory, and to discuss the development of curricula and instructional materials for Technician training programs. On the recommendation of the NTAC, a mail survey of the members of the American Electroencephalographic Society (AES) and of subscribers to the American Journal of EEG Technology was authorized in order to supplement the data from the nationwide survey of hospital personnel which was to be conducted by AHPP. Further information on this point appears on the following page. For those readers who wish to know more about this first series of meetings, a proceedings report is available from the Allied Health Professions Projects.

The survey format developed by project staff and consultants consisted of a series of questions related to the performance of each task listed in the task inventory. The questions were: (1) How often do you do this task? (2) How much supervision do you receive when doing this task? (3) How difficult is this task to perform? The reader is referred to Appendix C for a review of the scales which were developed as an aid in quantifying respondents' answers. Additional questions, relating to the difficulty of teaching, criticality, and essential knowledges, were directed to members of the NTAC. In addition to response to performance questions, •



appropriate background information also was obtained from survey respondents. A complete sample of the survey instrument, along with the instructions for completing the form, appears in Appendix C.

#### Sample

As previously stated, several different groups were requested to respond to the survey questionnaire. There were three primary reasons for surveying additional sources of information: (1) a very limited number of EEG Technicians was employed at the hospitals comprising the national sample (of the 48 institutions surveyed, fewer than 20 proved to have EEG Technicians on their staffs); (2) compared with other allied health occupations, there is an extremely limited total number of workers currently employed as EEG Technicians; and (3) it was suggested that an interesting comparison might be made between the responses of EEG Technicians and those of a group of electroencephalographers.

In developing the survey sample, the Project staff sought to tap the knowledge of all types of individuals involved in obtaining EEG recordings. These are: (1) the electroencephalographer, an M.D. or Ph.D. highly trained in neurophysiology; (2) the R.EEG.T., a technician who has attained registration on the basis of Nationa! Board examination; and (3) the non-registered EEG Technician.

The survey samples, therefore, consisted of: (1) members of the National Technical Advisory Committee for the EEG Technician training program; (2) a group of members of the American Electroencephalographic Society (this sample was drawn at random, from a complete listing of the membership rolls); (3) a sample of subscribers to the American Journal of EEG Technology (as in the previous case, the sample was drawn at random from a complete listing of Journal subscribers); and (4) a group of EEG Technicians who were employed in hospitals and Extended Care Pacilities which had been selected as a national survey sample for the Allied Health Professions Projects. A complete listing of those hospitals and Extended Care Facilities appears in Appendix D. The group of facilities selected for the national sample consisted of a "best judgment" sample—facilities which appeared to represent the various patterns of medical care found in the United States.

#### Percentage of Response

Table 1 depicts the number and percentage of respondents from each sample and for all samples combined. The total of usable responses numbered 118. The gross difference between the number of respondents and the number of questionnaires tabulated may be attributed to several factors: (1) retirement or inactivity in the profession: (2) receipt of the survey form after the cutoff date; and (3) unwillingness to participate in the survey (there was only one respondent in this category). should be pointed out that a relatively large number (22%) of the survey forms addressed to the AES sample was not delivered because of inadequate or incorrect mailing



addresses. On the other hand, the 100% response rate of the national sample may be attributed to the procedures followed. Each hospital or Extended Care Facility received an on-site orientation visit by a member of the Allied Health Professions Projects' full-time staff, who was accompanied by a local representative of the Projects. The major purpose of the site visit was to foster the cooperation of the hospital and extended care facility administrators and to review the necessary interaction between AHPP, the facility, and the local representative. The role of the local representative was to facilitate gathering of data for initial surveys.

All survey questionnaires were returned directly to the Survey Research Center of the University of California, Los Angeles, for coding and electronic data processing. The last two pages of the EEG survey were constructed in an open-end fashion; these were removed for hand tabulation.

Number and Percentage of Respondents in Each
Sample and for All Samples Combined

Sample	Questionnaires Distributed	Number of Respondents	Percentage of Respondents	Percentage of Questionnaires Tabulated	Number of Questionnaires Tabulated
NTAC	9	6	66.6	100.0	6
AES	64	30	46.9	80.0	24
Journal	106	76	71.6	89.4	68
National	20	_20	100.0	100.0	20
TOTAL	199	132	66.3	89.3	118



#### III. RESULTS AND DISCUSSION

The results of the survey and discussion were reported in two sections: a review of the data which were obtained on selected background and demographic variables, and a summary of the data derived from the task inventory.

#### Background Data

Table 2 presents a summary of information which was obtained on selected background variables. Please note that the table presents information derived from the EEG Journal survey, the national survey, and a combination of non-registered technicians and Registered EEG Technicians (R.EEG.T.). Background information was not requested from the NTAC nor from AES samples.

Several interesting observations appear to be justified by these data. First, the proportion of Registered and Certified Laboratory Technicians in the Journal sample is more than twice that found in the national sample. can be inferred from this that the Journal subscribers may be composed of technicians with higher professional interest and commitment. One should be extremely careful, of course, when extending the outcome of a survey beyond the scope of the sample; this is particularly important when dealing with a small number of respondents, as in this case. Second, the parameters for age, length of service, sex, prior experience, and formal education are very similar to the model suggested by the National Technical Advisory Committee and other authorities in the field. According to expert opinion, the technician is: (1) usually female; (2) usually a person with some college experience; and (3) someone with length of service ranging from 3 to 5 years. It can be surmised that a majority of women technicians belong to one of two subgroups: they are relative newcomers to the work force seeking employment until marriage, or they are returning to the mangower pool after their children have reached school age. Third, as expected, the majority of technicians (two-thirds) received their occupational training on the job. Of the remaining third, most were products of certification or diploma programs. Fourth, and finally, several points in relation to salary range are of interest: (a) the number of technicians (8) who make over \$10,000 per annum, while small, was somewhat surprising; (b) the correlations between salary and type of training, and salary and length of time employed in the present position were of interest. The correlation between salary level and type of training was 0.95 for R.EEG.T.'s and 0.99 for non-registered technicians.1 These correlations suggest that the time spent in organizing technical proficiency and knowledge is time well spent. (See Table 2, on the following page.)

#### Task Inventory Results

To present the survey results in a more definitive manner, a listing of the survey tasks has been arbitrarily divided into four subgroups.

Correlation computed via Spearman rho formula.



TABLE 2 Comparison of Technician Samples and Technicians and R.EEG.T. on Selected Background Variables

Selected Variables	<u>Categories</u>	Journal N=68	National N=20	Technicians N=67	R.EEG.T. N=21
Certification	None	43	17	60	0
	R.EEG.T.	19	2	r	21
	Cert. Lab. Tech.	6	1	76	0
Position Title	EEG. Tech.	52	19	54	17
	Lab. Tech.	16	1	13	4
Length of Service	Mean	8	3	7	6
(years)	Mcdel	4	1	4	(3) (8)
	s.D. <sup>2</sup>	5.6	2.7	5.5	5.0
Age (years)	Mean	43	32	41	37
	Mode <sup>3</sup>	49	27	49	36 <sup>3</sup>
	s.D. <sup>2</sup>	9.7	9.5	10.5	7.1
Sex	Male	20	0	14	6
	Female	48	20	53	15
Prior Experiance	None	8 .	7	15	0
	Related	33	8	30	11
	Unrelated	27	5	22 ^	10
Formal Education	N.A. <sup>4</sup>	1	0	1	0
•	llth Grade	1	0	0	1
	12th Grade	27	9	29	7
	Some college	33	11	33	11
	B. A.	6	0	4	2
Occupational	None	· з	0	3	. 0
Training	0.J.T. <sup>5</sup>	44	14	46	12
	Cert./Dip	18	6	15	9
	B. A.	3	0	3	0
Salary Range	N. A. 6	3	0	3	0
	\$2,000-3,999	2	1	3	0
	\$4,000-6,499	26	18	38	6
	\$7,000-9,393	29	1	18	12
	over \$10,000	8	0	5	3

<sup>1</sup> Bimodal



<sup>2</sup> Standard deviation

<sup>3</sup> First mode value to left of the mean

<sup>4</sup> No answer

<sup>5</sup> On-the-job training
6 It is assumed, although not established, that this group includes part-time workers.

These groupings were formed for convenience in reporting the data; they are not a classification system. The identifying numbers are those used in the survey instrument (see Appendix C).

#### A. Interpersonal Relations

- 1. Receive consultation form
- 4. Schedule appointment with appropriate personnel
- 5. Arrange transportation of patient to EEG laboratory
- 6. Record name
- 7. Record referring service
- 10. Enter age
- 11. Enter sex
- 12. Enter laterality (handedness)
- 13. Enter current medication (if any)
- 15. Pathological conditions (if any)
- 16. Physical impairments (if any)
- 17. Enter post-absorbtive state
- 18. Take patient to examining room
- 19. Place patient in the chair or on bed (use precautionary measures as needed)
- 20. Explain test procedures to patient
- 69. Attach identifications and completed data sheet to record
- 70. Detach patient from recorder
- 73. Return patient to floor care
- 74. Notify physician that EEG record has been completed
- 75. When necessary, transport record to encephalographer
- 76. Discuss recording conditions with encephalographer when requested

#### B. Clinical EEG

- 2. Review consultation form
- 3. Synthesize pertinent information
- 8. Review tentative diagnosis
- 9. Review previous EEG records and reports
- 14. Enter behavioral state of patient
- 21. Measure skull in order to determine placement of electrodes
- 22. Insert needle electrodes
- 23. Apply disc electrodes
- 24. Use of collodion
- 25. Use of paste
- 26. Other
- 27. Recheck symmetry of electrodes
- 28. Plug electrodes into console (junction box)
- 30. Dim or turn off lights
- 31. Restrict extraneous noise or disturbances
- Turn on machine (pre-amplifier/amplifier/recorder)
- 33. Warm up if necessary (occurs prior to attaching electrodes)
- 41. Choose instrument settings
- 42. Choose first montage
- 43. Label montages on record in progress
- 44. Observe and evaluate record in progress



- 45. Observe patient throughout procedures
- 46. Follow prescribed routines
- 47. Select most appropriate montages
- 48. Select appropriate activation procedures
- 49. Annotate changes due to artifact
- 50. Eliminate/reduce artifact if possible
- 51. Use activation procedures if possible or necessary
- 52. Hyper-ventilation
- 53. Photic stimulation
- 54. Pain
- 55. Natural sleep
- 56. Sedated sleep
- 57. Sleep deprivation
- 58. Drowsiness
- 59. Stages of sleep
- 60. Focal abnormalities
- 61. Generalized abnormalities
- 62. Artifacts
- 63. Coma recordings
- 64. Intensive care recordings
- 65. Infectious disease/isolation techniques
- 67. Review completed record
- 68. Make descriptive classification
- 69. Attach identifications and completed data sheet to record
- 70. Detach patient from recorder
- 71. Clean electrodes
- 72. Sterilize electrodes

#### C. Instrumentation

- 32. Turn on machine (pre-amplifier-amplifier-recorder)
- 34. Check paper supply
- 35. Check ink flow
- 36. Check and select high filters
- 37. Check and select low filters
- 38. Select speed of paper drive
- 39. Perform internal calibration
- 40. Perform external calibration (signal from patient)
- 66. Perform terminal calibration
- 78. Fill ink reservoir as needed
- 79. Check for breaks in electrode cables
- 80. Change stylus as necessary
- 81. Adjust stylus pressure when necessary
- 82. Adjust ink flow when necessary
- 83. Change galvanometer when necessary
- 84. Check/replace tubes when necessary
- 85. Replace pre-amplifier/amplifier when necessary
- 86. Refill paper supply as needed
- 87. Sharpen needles as required
- 88. Check continuity of electrodes as required
- 89. Calibrate paper drive when necessary
- 90. Check batteries (if applicable)



- 91. Perform external calibration with signal generator
- 92. Use oscilloscope to monitor signal generator
- 93. Clean outer surface of machine
- 94. Clean inkwells of machine
- 95. Clean air filters on power supply
- 96. Clean electrical contacts
- 97. Clean inside console
- 98. Clean electrical board and cables

#### D. Miscellaneous Functions

- 77. Maintain and use appropriate filing, storage and retrieval systems
- 99. Recording supplies
- 100. Cleaning supplies
- 101. Maintenance supplies
- 102. Clerical supplies

After reviewing the initial data output for all samples, it was evident that there was a high degree of similarity among the responses. This high level of similarity resulted in consensual validation for the majority of tasks. Appendix E lists the number of respondents (n) for each task, the percentage of respondents in a composite category, and the mean category response for each of the four samples and for the total sample.

Those tasks which did not have consensual validation, as evidenced by a difference in the modes of the Journal, national, and AES (electroencephalographers') samples, are reviewed in the following tables. Table 3 compares the response of the Journal sample, national sample, non-registered technicians, and Registered Technicians for those tasks which are part of Group A. The gross difference in the mode value of the frequency of performance of this particular task may be attributed to a higher level of professional interest and values on the part of the Registered Technician. This conclusion is warranted and gains credence when one considers the similarity between the response of the national sample and the non-registered technician on the one hand, and the Journal sample and the Registered Technician on the other.

#### TABLE 3

Differences in Mode Scores of the National Sample, Journal Sample,
Registered Technicians, and Non-Registered Technicians on Selected
Tasks Involving Interpersonal Relations in which Differences Occurred (Group A)

			Mod	le Scores	by Samp	<u>le</u>
	Task	Dimension	<u>National</u>	Journal	Non-Reg.	R.EEG.T.
74.	Notify physician of completed record	Frequency	5.0	1.0	5.0	1.0



TABLE 4

Differences in Mode Scores of Registered EEG Technicians,
Non-Registered Technicians, and Electroencephalographers on
Those Tasks Involving Interpersonal Relations in which Differences Occurred
(Group A)

			Mode Score	s by Sa	umple
	<u>Task</u>	Dimension	R.EEG.T. / N	lon-Reg.	_/ AES
5.	Arrange transportation to laboratory	Frequency	1	1	5
74.	Notify physician of completed record	Frequency	1	1	1-5

The differences in response between the Registered Technician, the non-registered technician and the American Electroencephalographic Society samples for selected tasks in Group A are reviewed in Table 4. Data in Table 4 do not require a detailed explanation. Several conclusions are suggested. (1) Electroencephalographers may not be aware of all duties performed by technicians, as in Task #5. (2) The mode responses for Task #74 suggest an interesting hypothesis: Registered Technicians apparently were subordinates of that portion of the sample of encephalographers whose response was "daily". Correspondingly, non-registered technicians may have worked for those encephalographers who answered "never" in response to the frequency question. In any event, it is evident that encephalographers may have different levels of expectation and may quite possibly establish a variety of limits for the technicians whom they supervise.

The tasks in Table 5 originated from the listing of tasks that make up Group B (clinical EEG tasks). The data in Table 5 suggest the following conclusions: (1) the selection and use of appropriate activation procedures are perceived by the Registered Technician as being more difficult tasks than by the non-registered technicians; (2) the Journal sample reported that the use of pain stimuli as an activation procedure requires a higher degree of supervision than that reported by the national sample; (3) as might be expected, the Registered Technician, who in all probability is more often employed in a large hospital or in a research facility, reported that coma recordings were being done at a greater frequency than did the other respondents; and (4) the Journal sample reported a higher level of supervision required for intensive care recording and for reviewing the completed record than did the national sample.



TABLE 5

Differences in Mode Scores of the National Sample,
Journal Sample, Registered Technicians and Non-Registered
Technicians on those Tasks Categorized as Clinical EEG Tasks in which
Differences were Found
(Group B)

		Mode	e Scores	by Sample	2	
	Task	Dimension	National	/Journal/	Non-Reg.	/R.EEG.T
3.	Synthesize pertinent information	Difficulty	1	2	1.0	1.0
47.	Select appropriate montage	Difficulty	1-3	1-2	1	2
48.	Select activation procedure:	Diffic dty	1	1	1	4
51.	Use activation procedure: required	Difficulty	1	1	1	3
52.	Hypervent lation	Difficulty	1	1	1	2
53.	Photic st mulation	Difficulty	1	1	1.	2
54.	Pain stim lation	Superv sion Difficulty	3 1	5 1	ŧ :	5 2
63.	Coma read_ngs	Freque cy Superv sion	3.0 4-5	4.0 4	4.0	2.0 5
64.	Intensive care recording	Supervision	2	5	ŗ,	5
65.	Infectious disease isolation techniques	Frequency	5	5	5	4
67.	Review completed record	Supervision	3	5	5	5
68.	Make descriptive classification	Supervision	3 <b>-</b> 5	5	5	5

The tasks listed in Table 6 are a part of those tasks contained in Group B. It is interesting to note that the AES sample agrees with the non-registered technician in regard to the difficulty of selecting



appropriate activation procedures. While differences do exist among the mode categories of response, the differences appear to be trivial. With rare exceptions, the data are amazingly similar.

TABLE 6

Differences in Mode Scores of Registered EEG Technicians, Non-Registered Technicians, and Electroencephalographers on those Tasks Categorized as Clinical EEG Tasks, in which Differences were Found (Group B)

			Mode Sco	ores by Sa	ample
	Task	Dimension	R.EEG.T	./Non-Reg	./AES
3.	Synthesize information on consultation	Difficulty	1	1	2-3
8.	Review diagnosis	Supervision	5	5	3-5
9.	Review records and reports	Supervision	5	5	3-5
7.	Select most appropriate montage	Difficulty	2	1	1-3
8.	Select activation procedures	Difficulty	4	1	1
0.	Eliminate-reduce artifact	Supervision Difficulty	5 3	5 1	3 <b>-</b> 5
1.	Use activation procedures	Difficulty	2	1	1
	Use hyperventilation	Difficulty	2	1	1
١.	Use photic stimulation	Difficulty	2	3	3
•	Sedated sleep	Difficulty	1	1	3
3.	Coma readings	Frequency	2	4 5	2-5 3
		Supervision Difficulty		3	3-4
4.	Intensive care recording	Supervision Difficulty	5 3	5 3	3 3-4
5.	Infectious disease/ isolation technique	Frequency Supervision	<b>4</b> 5	5 5	4
2.	Sterilize electrodes	Frequency	1	1	1-5



TABLE 7

Differences in Mode Scores of the National Sample,

Journal Sample, Registered Technicians, and Non-Registered Technicians on those Tasks Related to Knowledge of Equipment Function in which

Differences were Found

(Group C)

		<u> </u>	Mode Score	es by Sam	ple
Task	Dimension	National	/Journal,	/Non-Reg.	/R.EEG.T
8. Adjust stylus pressure	Frequency	3	4	4	4
84. Check, replace tubes	Frequency	5	4	4	4
85. Replace amplifier/ pre-amplifier	Frequency Difficulty	5 1-2	5 1	<b>4</b> 1	5 1
88. Check continuity of electrodes	Frequency	1	1	1	2
89. Calibrate paper drive	Frequency	1	1	1	5
90. Check batteries	Frequency	4	5	5	5
91. Calibrate with signal generator	Frequency	1	5	5	5
93. Clean outer surface of machine	Frequency	2	3	1	3
94. Clean inkwells	Frequency	3-4	3	3	3
96. Clean electrical contacts	Frequency	5	4	5	4
97. Clean inside of console	Frequency	5	4	4	4
98. Clean electrical boards and cables	Frequency	3	3-4	3	4

The tasks presented in Table 7 are part of those tasks included in Group C--tasks which relate to instrumentation. Two tasks within Table 7 are of specific interest--Tasks #89 and #91. There is no obvious explanation which would elucidate the extreme polarity of mode scores for either #89 or #91.



It is interesting to note that in Task #89 the Registered Technician is at one extreme, while for Task #91, it is the national sample that is at the extreme. It is possible that these tasks may never be done, and it is equally possible that they may be done once per day or more; however, it is highly improbable that either condition really exists. An educated guess would be that these particular tasks are being performed in a range of once a month to several times a year. A check of the mean scores reported in Appendix E reveals that in three of the four samples, the mean level of performance reported ranged from once a month to several times a year.

As in Table 7, the tasks in Table 8 are a part of those listed in Group C--instrumentation tasks. Four tasks in Table 8 warrant discussion. For Task #89, the AES sample and the Registered Technician sample are in agreement, while the non-registered technician group is at the other extreme. This task was discussed above, in the summary of Table 7. It is believed that the previous statements also are applicable here. The AES sample perceives Task #92 as much more difficult to perform than do the technician samples. The reason for this great difference is not known and in this particular case it is relatively unimportant, since the task is seldom performed. For Tasks #93 and #98, the mode selection for the AES sample was daily performance; the technicians' mode implied that they did not perform these particular housekeeping chores as often as their encephalographers would like. It should be noted that the mode reply for the non-registered technicians for Task #93 was in agreement with the response of the AES sample.



Differences in Mode Scores of Registered EEG Technicians,
Non-Registered Technicians, and Electroencephalographers
on those Tasks Related to Equipment Function in which
Differences were Found
(Group C)

	<del></del>		_ <del>_</del>		
			Mode Scores	by Sa	mple
	Task	Dimension	R.EEG.T./Non	-Reg.	/AES
85.	Replace amplifier/pre-amplifier	Frequency	4	5	5
88.	Check continuity of electrodes	Frequency	2	1	1
89.	Calibrate paper drive	Frequency	5	1	5
92.	Use Oscilloscope to monitor generator	Supervision	5	5	2-5
93.	Clean outer surface of machine	Frequency	3	1	1
95.	Clean air filters on power supply	Frequency	3	3	4
96.	Clean electrical contacts	Frequency	4	5	4
98.	Clean electrical board and cables	Frequency	4	3	1

The information contained in Tables 9 and 10 relates to the group of tasks contained in Group D--Miscellaneous Functions. The information in these tables is of sufficient homogeneity or agreement to render discussion unnecessary.



Differences in Mode Scores of the National Sample,
Journal Sample, Registered Technicians and Non-Registered Technicians
on those Miscellaneous Tasks in which Differences Occurred
(Group D)

				Mode Scor	res by Sam	ole
	<u>Task</u>	Dimension	National	/Journal/	/Non-Reg./I	R.EEG.T
99.	Ordering recording supplies	Frequency	3	4	4	3
100.	Ordering cleaning supplies	Frequency	3	4	4	3
101.	Ordering maintenance supplies	Frequency	3-4	4	4	4
102.	Ordering clerical supplies	Frequency	3	3-4	3	3

Differences in Mode Scores of Registered EEG Technicians,
Non-Registered Technicians, and Electronencephalographers
on those Miscellaneous Tasks in which Differences Occurred
(Group D)

	Mode Score		es by Sa	mple
Task	Dimension	R.EEG.T./	Non-Reg.	/AES
99. Order recording supplies	Frequency	3	4	3
100. Order cleaning supplies	Frequency	3	4	3
101. Order maintenance supplies	Frequency	4	4	3-4
102. Order clerical supplies	Frequency	3	3	3-4



Tables 3 through 10 contain the mode categories of response for 37 different tasks. Of these 37 tasks, there was sufficient difference to warrant discussion of 15; this is brought to the reader's attention in order to reinforce an earlier statement pertaining to the consensual validation of a majority of tasks by all respondents. That is to say, a majority of respondents answered the three questions about each task in a very similar manner. If one examines the mean caregory of response, Appendix E, a similar pattern is observed.

As previously stated, the last two pages of the EEG survey form were constructed in an open-end format. Table 11 reviews the responses to the questions on Pages 9 and 10 of the survey (Appendix C), and Appendix F presents a detailed listing of all information obtained in response to those questions.

Numerical Summary of Response to Questions Concerning Research and Training Activities and Membership

	National Sample		EEG Journal Sample	
	Yes	No	Yes	No
"List any research projects in which you are involved."	4	16	12	56
"List education or training projects."	8	12	32	36
"Memberships in professional societies."	11	9	52	16



A listing of those tasks which were added to the survey form by various respondents who utilized the spaces provided for this purpose appears below. The respondents added 27 different tasks. A comparison between the survey form and the list shows that 11 of the 27 suggested tasks duplicated items contained in the survey form itself. The fact that there were only 16 distinct additions to the task list by a group of respondents numbering 118 would tend to validate the original task list. Undoubtedly, the tasks in the survey format are representative of those now being performed by various levels of EEG Technicians. Furthermore, the tasks listed in the survey instrument would appear to be a relatively complete compilation of those tasks which electroencephalographers assign to their technicians.

Following is a listing of tasks which were written into the body of the survey form:

- 1. Typing reports
- 2. Call reports to referring doctor's office
- 3. 'Take records to doctor's office
- 4. Repair disc electrodes
- 5. Make new disc electrodes
- 6. Transport EEG machine to patient
- 7. Clean area
- 8. Dictate EEG schedule routine
- 9. Scientific (serial studies)
- 10. Check tube in amplifier
- 11. Remove and check tube in power package
- 12. Check resistance, all applied electrodes
- 13. Arrange for billing
- 14. Give instructions (patient and/or nursing)
- 15. Clean scalp
- 16. Correspondence relative to appointments
- 17. Check/adjust baseline
- 18. Check/align pen
- 19. Initiate consultation-report form
- 20. Personally transport patient to laboratory
- 21. EMG monitor
- 22. Drowsiness (and control)
- 23. Electrocarticography (mapping bioelectrical activity)
- 24. Perform test in patient's room with portable equipment
- 25. Ground patient
- 26. Select records to be microfilmed
- 27. File and store microfilm



#### IV. SUMMARY AND CONCLUSIONS

It was the purpose of this report to review the results of a nation-wide survey, which was conducted in order to ascertain the specific tasks which comprise the Electroencephalographic Technician's (EEG) occupation. It is believed that a knowledge of these particular tasks will aid in the development of a revelant and meaningful educational program for the EEG Technician.

The opinions of four different populations were sampled: (1) members of the National Technical Advisory Committee for EEG Technician training programs: (2) subscribers to the American Journal of EEG Technology; (3) members of the American Electroencephalographic Society (AES); and (4) a national sample of technicians working in selected hospitals and Extended Care Facilities.

One hundred ninety-nine questionnaires were distributed; 59.3 percent of the questionnaires returned (118) were tabulated by the Survey Research Center, University of California, Los Angeles. The data collected on selected background variables confirmed the opinion of authorities in the field. It should be noted that the ages of the persons in the samples indicated by the mean and the standard deviation were somewhat higher than anticipated. Also, 10 percent of the technicians reported that they were earning \$10,000 or more.

The differences in the mode category selected were reported for each sample, and also for a combination of R.EEG.T.'s and non-registered technicians. Fewer than one-third of the tasks contained in the task inventory had a difference in the mode value selected by any of the four samples. Of those tasks reported in Tables 3 through 10, the differences in the mode response of 16 tasks were discussed. Again, this observation is made to emphasize the writer's opinion that the survey response provided consensual validation for a majority of the tasks.

One must be extremely careful in extrapolating to the general population the results of a survey, particularly a survey for which there was a small number of respondents. The following conclusions appear to be warranted by the data: (1) The task list composed by staff members of the Allied Health Professions Project is highly representative of those tasks which are performed by Electroencephalographic Technicians. (2) Within the confines of the sample, there appears to be consensual validation for a majority of the tasks. (3) The data in Appendix E suggest that the National Technical Advisory Committee perceives that the tasks are done more frequently, require more supervision, and are more difficult to perform than are the other samples discussed. (4) Eighty-four percent of the tasks listed in the inventory are performed at a frequency greater than once a month. (5) The technician does not



require a high degree of direct supervision of a majority of those tasks which were listed in the task inventory, that is, within the limitations set by the supervisor, the technician has a high degree of autonomy.

(6) A small proportion of those tasks which are being done were perceived as being difficult to perform.

On the basis of this survey, it is recommended that any educational training programs include material pertinent to each of the tasks listed on the task inventory. Furthermore, efforts should be undertaken to ascertain whether current training programs are fulfilling the current needs of EEG Technicians, that is, whether current training programs are teaching all of the tasks listed in the task inventory.



#### APPENDIX A

# ALLIED HEALTH PROFESSIONS UNDER CONSIDERATION BY THE UCLA ALLIED HEALTH PROFESSIONS PROJECTS

#### I. FACILITY SUPPORT SERVICES

- 1. Admitting Office
  - \*Supervising admitting worker (OE 14.0406; DOT 237.368-010)1
  - \*Admitting Worker (DOT 237.368-018, 237.368-030)
  - \*Patient Service Representative
- 2. Business Office
  - \*Hospital business office manager (DOT 169.168-062)
  - \*Cashier. (OE 14.0103; DOT 211.368-010)
  - \*Account clerks
  - \*Hospital credit and collection worker (OE 14.0199; DOT 240.388-101)
- 3. Central Service

Central Service Technician (Central Service Helper) (OE 07.0905; DOT 223.887-010)

- 4. Engineering Maintenance
  - \*Emergency and/or disaster specialist (CE 07.09070
- 5. Environmental Sanitation

Community Sanitation (Public Health Department) (OE 07.0701, 07.0702, 07.0703; DOT 199.187-010, 168.287-094)

Health Care Facility Sanitation

\*Food sanitation and kitchen safety program (OE 07.0799); (OE 07.0907)



<sup>\*</sup>Occupations marked with an asterisk are now being developed.

<sup>&</sup>lt;sup>1</sup>U.S. Office of Education (OE) occupational code designations (six-digit) and occupational categories shown in the Dictionary of Occupational Titles (DOT) of the U.S. Department of Labor (nine-digit) are given where available, following each Project occupational category.

# 6. Food Service (Dietary)

\*Food Service Supervisor (OE 07.0908, 09.0203; DOT 319.138-010)

\*Dietary Technician

\*Food Service Worker (OE 09.0203; DOT 317.887-010)

- 7. Housekeeping (OE 17.1100, 09.0205; DOT 187.168-050)
- 8. Laundry and Linen (OE 17.1602)
- 9. <u>Medical Records</u>

\*Medical Record Technician. (DOT 249.388-034)

\*Transcriptionist

\*Coding Clerk

\*File Clerk

# 10. Pharmacy

\*Pharmacy Technician

\*Pharmacy Aide

#### 11. Purchasing

\*Buyer (DOT 162.158-102, 162.168-026, 16..188-010)

\*Assistant Purchasing Agent. (DOT 162.158-102, 162-168-026, 162.188-010)

### 12. Ward Administration

\*Ward Manager

\*Ward Clerk (DOT 219.388-286)

#### II. CLINICAL OCCUPATIONS

#### 1. Bioelectrical Monitoring

EEG (Electrocardiographic) Technician (OE 07.0902; DOT 078.368-018)



<sup>\*</sup>Occupations marked with an asterisk are now being developed.

\*EEG (Electroencephalographic) Technician (OE 07.0901, 16.0302; DOT 078.368-022)

# EMG (Electromyography) Technician

#### 2. Biomedical Photography

\*Biomedical Photography Technician (OE 17.0901)

## 3. Dental Occupations

\*Dental Assistant (OE 07.0101; DOT 079.378-010)

\*Dental Hygienist (OE 06.0301, 07.0102; DOT 078.368-014)

\*Dental Laboratory Technician (OE 06.0303, 07.0103; DOT 712.381-014)

#### 4. Medical Assistant

\*Medical Office Assistant (OE 07.0904; DOT 079.368-022, 201.368-014)

#### Special Assistants

#### \*Gastroenterology Assistant

#### 5. Medical Laboratory Functions

\*Medical Laboratory Technician (OE 07.0203, 16.0303; DOT 078.281-018)

\*Certified Laboratory Assistant (CLA) (OE 67.0203; DOT 078.381.010)

\*Laboratory Aide

#### Cytotechnologist

Histologic Technician (OE 07.0202; DOT 078.381-018)

#### 6. Nursing Occupations

\*Registered Nurse ('Technical) (OE 07.0301, 16.0305; DOT 075.378-014)

\*Licensed Vocational/Practical Nurse (OE 07.0302; DOT 079.378-026)



<sup>\*</sup>Occupations marked with an asterisk are now being developed.

#### \*Nursing Assistant

Operating Room Technician (OE 07.0305; DOT 079.378-042)

Obstetrical Technician (OE 07.0306; DOT 079.378-026)

Psychiatric Aide (OE 07.0304; DOT 355.378-042)

#### 7. Radiologic Technology

\*Diagnostic Technician (OE 07.0501, 16.0304; DOT 078.368-030)

\*Therapeutic Technician (OE 07.0502; DOT 078.381-014)

#### 8. Respiratory Care Functions

Cardiopulmonary Technician

\*Inhalation Therapy Technician (OE 07.0903; DOT 079.368-018)

### 9. <u>Social Service Occupations</u>

\*Community Health Aide (OE 07.0906)

\*Community Mental Health Aide (OE 07.0801)

\*Health Assistant (Aide)

#### 10. The Therapies

Occupational Therapy

\*Occupational Therapy Assistant (OE 67.0401; DOT 079.368-026)

\*Occupational Therapy Aide

Orthotics

Orthotic Technician (OE 07.0404; DOT 712.281-018)

Physical Therapy

Physical Therapy Assistant (OE 07.0402; DOT 355.878-014)

Physical Therapy Aide

<sup>\*</sup>Occupations marked with an asterisk are now being developed.

#### APPENDIX B

#### NATIONAL TECHNICAL ADVISORY COMMITTEE

#### FOR EEG TECHNICIANS

# ROSTER

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Miss Rose Ann Wassell, R. EEG T. 1401 North Clayton Street, D-4 Wilmington, Delaware



#### APPENDIX C

# University of California, Los Angeles Division of Vocational Education Allied Health Professions Projects

#### TASK ANALYSIS SURVEY

This is part of a Project to develop new courses of study and instructional materials for persons in the allied health professions. To find out what should be taught and how best to teach it, we must find out what tasks or functions really are performed by persons such as you who are working in the field.

We are asking the cooperation, therefore, of employees in a small, selected group of hospitals throughout the United States. You are one of these employees. YOUR ANSWERS ARE IMPORTANT:!

This is a confidential document for research purposes only. Your identification card will be kept separate from your answers to the questionnaire. Answers will be prepared for data processing and results will be reported by group only, not by individual.

#### INSTRUCTIONS.

We have gathered a listing of many of the tasks in your area of patient care or hospital services. This list contains tasks which might be done by anyone concerned with your area. Not all tasks will be done by all people. We would like to know the answers to three questions.

- 1. Frequency--how often do you perform this task?
- 2. Difficulty-how difficult is the task, primarily in terms of decision making and steps involved?
- 3. Supervision—are you supervised on this task or do you work without supervision?

Please read through the entire questionnaire first, placing a check mark next to those tasks you do. Then, go back over the list of tasks and answer the other questions about those tasks you actually do. Use the blank spaces provided to add tasks which you do that we may have omitted. Please read each task carefully and "X" the box in the appropriate column to show your answer. Our results depend to a great extent on how carefully you fill out this questionnaire!!

Our pr	roject w	vill have	a survey	adminis	strator in	your	area.	He will	
leave	this qu	estionnai	re with	you and	will pic	it up			



University of California, Los Angeles Allied Health Professions Projects Task Analysis Survey Page 2

His	name	is		His	telephone	number	iS	
-----	------	----	--	-----	-----------	--------	----	--

Please feel free to call him if you have any questions.

Going through each question now:

- (a) The question on frequency is "How often do you do this task?" The possible answers are:
  - 1. Daily or almost daily
  - 2. Several times a week
  - 3. Several times a month
  - 4. Several times a year
  - 5. Never or almost never

If a task is performed at irregular intervals, only as the need arises, select the most nearly appropriate answer.

- (b) Supervision -- How much supervision do you get for this task?
  - 1. All the time
  - 2. Most of the time
  - 3. Occasionally
  - 4. Rarely
  - 5. No supervision
- (c) Difficulty--How difficult is this task?
  - 1. Routine procedure: Requires the recognition of information in performing simple procedures as directed.
  - 2. <u>Several procedures with minor decisions</u>: Requires interpretation and recall of information to perform a series of procedures to complete a task.
  - 3. Select the most suitable procedures: Requires the ability to solve new problems, with a minimum of direction, based upon past experience with similar situations.
  - 4. Establish and/or modify procedures to meet individual circumstances: Requires analysis of a situation or problem and the formulation of the most suitable procedure for solution.
  - 5. Making complex decisions with little precedent: Requires the ability to develop new methods of performance.

We thank you for your cooperation, and hope that the instructional materials which we develop in conjunction with this study will be helpful



University of California, Los Angeles Allied Health Professions Projects Task Analysis Survey Page 3

to you, and to others entering your profession.

When you have finished, please enter at the bottom of the questionnaire the length of time it took you to answer all the questions. This is for our information, to help us to make it easier and shorter for others in the future.

CONFIDENTIAL DOCUMENT For Research Purposes Only

UCLA: AHPP:7-30-69



### University of California, Los Angeles Division of Vocational Education Allied Health Professions Projects

### TASK ANALYSIS SURVEY BACKGROUND INFORMATION SHEET

Please complete this information sheet now and return it to the survey administrator. The answers to these questions are of importance as

I.D Number

Uni	ted Si	evaluate responses from a large number of people across the tates where educational and licensure requirements for specific y be very different.
		, this is a confidential document, it is identified by number d will not be attached to your name.
1.	RESP	ONDENT:
	1.1	Position Title
	1.2	Area of Patient Care or Hospital Services, i.e., Medical-Surgical, Psychiatric, Medical Records, etc. Please specify:
	1.3	Length of Time in Position
	1.4	Age
	1.5	Sex (circle one) M F
	1.6	Marital Status (circle one)
		Married Single Widowed Divorced Separated
2.	PREV	IOUS EXPERIENCE:
		Type
	2.1_	2.2
	_	
3.	High Prog	nest Grade Completed Before Entering Educational or Training gram: (circle one)
	1 -	8, 9, 10, 11, 12, Some College Baccalaureate
	Post	:-Baccalaureate



4.	Educational or Training Program Completed: (circle the number next. to your answer)
	1 None
	2 On-Job Training: How Long? (circle one)
	2 wks. 1 mo. 2 mos. 3 mos. longer than 3 mos.
	3 Certificate or Diploma Program: (circle one)
	6 mos. 1 yr. 2 yr. 3 yrs or more
	4 Associate Degree
	5 Baccalaureate Degree
	6 Post-Baccalaureate Degree
5.	Certification, Licensure, Registration Held; 1.e., C.D.A., A.R.T., O.T.R., R.N., L.V.N.
	Please specify:
6.	Yearly Income Range: (circle one)
	1 Less than 2,000
	2 2,000 - 3,999

### CONFIDENTIAL DOCUMENT

FOR RESEARCH PURPOSES ONLY

KLG: ba 8-8-69

3 -- 4,000 - 6,999

4 -- 7,000 - 9,999

5 -- 10,000 or more



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### APPENDIX D

### LIST OF HEALTH CARE FACILITIES SELECTED FOR NATIONAL SURVEY

### BIRMINGHAM

200 Beds or More	Baroness Erlanger Hospital Baptist Medical Center	Chattanooga, Tennessee Birmingham, Alabama
100-199 Beds	Jeff Anderson Memorial Hosp. St. Judes Catholic Hospital	Meridian, Mississippi Montgomery, Alabama
Under 100 Beds	Sam Howell Memorial Hospital Athens-Limestone Hospital	Cartersville, Georgia Athens, Alabama
Extended Care Fac.	Plantation Manor St. Lukes Nursing Home	McCalla, Alabama Birmingham, Alabama
	BOSTON	
200 Beds or more	Peter Bent Brigham Hospital Memorial Hospital	Boston, Massachusetts Worcester, Massachusetts
100-199 Beds	Faulkner Hospital Thayer Hospital	Boston, Massachusetts Waterville, Maine
Under 100 Beds	Mary Lane Hospital Falmouth Hospital	Ware, Massachusetts Falmouth, Mass.
Extended Care Fac.	Hebrew Rehab. Center for Aged Cambridge Nursing Home	Boston, Massachusetts Cambridge, Massachusetts
	CHICAGO	
200 Beds or more	Chicago Wesley Memorial Hosp. Memorial Hospital	Chicago, Illinois Kenosha, Wisconsin
100-199 Beds	Delnor Hospital Beloit Memorial Hospital	St. Charles, Illinois Beloit, Wisconsin
Under 100 Beds	DeKalb Public Hospital Bethany Brethren Hospital	DeKalb, Illinois Chicago, Illinois
Extended Care Fac.	Hearthside Nursing Home Fox River Rehab. Center	Chicago, Illinois Chicago, Illinois



### DENVER

200 Beds or more	St. Marys Hospital St. Lukes Hospital	Grand Junction, Colorado Denver, Colorado
100-199 Beds	Memorial Hospital of Laramie County Poudre Valley Memorial Hosp.	Cheyenne, Wyoming Fort Collins, Colorado
Under 100 Beds	Alamosa County Hospital Longmont Community Hospital	Alamosa, Colorado Longmont, Colorado
Extended Care Fac.	Ivy Manor Nursing Home Eventide Nursing Home	Denver, Colorado Longmont, Colorado
	LOS ANGELES	
200 Beds or more	Kaiser Foundation Hospital Santa Monica Hospital	Panorama City, Calif. Santa Monica, Calif.
100-199 Beds	Morningside Hospital West Valley Community Hosp.	Los Angeles, Calif. Encino, California
Under 100 Beds	Community Hospital of Gardena Garden Park General Hosp.	Gardena, California Anaheim, California
Extended Care Fac.	Kaiser Extended Care Fac. Culver City Convalescent Hospital	Panorama City, Calif. Los Angeles, Calif.
	SEATTLE	
200 Beds or more	St. Francis Xavier Cabrini Hospital Emmanuel Hospital	Seattle, Washington Portland, Oregon
100-199 Beds	St. Josephs Hospital Van couver Memorial Hospital	Aberdeen, . Washington Vancouver, Washington
Under 100 Beds	Tri-State Memorial Hospital West Seattle General Hosp.	Clarkston, Washington Seattle, Washington
Extended Care Fac.	Mt. Baker Convalescent Home L. C. Foss Sunset House	Seattle, Washington Seattle, Washington



APP'TIDIX F

FIG TECHNICIAN SUPVEY

Interpressnal Tasks (Group A)

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4	Schedule appointment with appropriate personnel	F N O	14 14 14	100	1.2	5.4 6.1 6.4	94 7 97	1.4 7.4	20 61 15	80 47 87	2.0	<b>040</b>	100 34 83	1.3 3.8 2.5	104 142 99	93.5 23.8 95	1.5 4.7 1.6
٠,	Arrange transportation of patient to EEG laboratory	FNO	15 14 14	80 7 100	1.8	60 54 52	60 2 44	2.7	19 15 13	42 47 92	3.3	200	66 34 100	3.8	100 89 64	62.0 21.3 91.5	2.8 4.6 1.5
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12.	Enter laterality (handedness)	400	18 16 14	72 0 100	2.1 5.0 1.0	62 59 55	73 5 100	2.2	20 15 16	70 0 95	2.3	و و و	100 100 100	1.0	3 % 8 %	78.3 5.5 98.8	2.1 4.8 1.2
13.	Enter current medication (if any)	i. v a	20 19 19	100 16 89	1.2	64 62 62	94 6 98	1.3	20 16 17	95 25 88	1.3	و و و	100 17 66	1.0	103	97.1 16 85.3	1.3
15.	Pathological conditions (if any)	F N D	18 18 17	100 33	1.2	61 58 55	95	1.3	19 14 15	80 43 93	1.6 4.1 2.0	999	100 34 66	1.0 3.7 2.6	104 96 93	93.8 29.3 88.3	1.3

Code: n \* number of respondents for each task; % 1-3 = percentage of respondents included in categories one, two, and three (original survey response); % \* mean category selected; F \* frequency; S \* supervision; D \* difficulty

\* mean of all groups

ERIC

				Interp	Interpersonal Teaks (Group A)	Tacks	(Grou	P A)									
		wo year	MAT	Mational Sample N = 20	ela ela	Journal N -	il Sample - 68		2	Semple 1 • 24			MTAC N = 6	•	FIE	Total N - 118	
	मुक्त	nom (		0 1-3	126	4	0 1-3	ın		0 1-3	***	<b>c</b>	0 1-3	ı	•	1-30 K	194
<b>5</b>	Physical impairments (if any)	2 6 6 6	99 69	100 16 95	1.6	62 61 57	<b>328</b>	1.4	ដងដ	8 8 8 8 8 8	1.9	• • •	8 % %	3.7	100	95.3	4.5
17.	Inter post-absorbtive state	<b>N N O</b>	<b>60 49</b> 42	100	1.3	37	65 16 95	2. 4. L. 2. 2. 2.	211	322	2.5	<b>Փ</b> տ Փ	100 40 83	1.0	233	64.3 24.8 92.3	4.5
91	Take patient to examining room	<b>M</b> M A	222	98	1.2	55 B S	85 28	1.7	20 11 17	85 25 94	1.7	<b>9</b> W W	20 8 8 8	1.0 4.6 1.7	99	89.5 1 13.8 4 93	1.5
19.	Place patient in the chair or on bed (use precautionary measures as needed)	A W A	222	100 115 90	1.0	16 65 63	98 98	1.2	19 16 17	222	1.3 4.4 1.6	ՓԽտ	8 2 8	1.0	61 106 165	97.3 15.5 89.8	1.1
20.	Explain test procedures to patient	<b>►</b> W △	222	0 0 95	1.0 5.0 1.6	2 <b>2 2</b>	94	1.1	20 17 18	\$ 22 \$	1.3	សល	100 20 100	1.0	1111	95.8 1	1.0
69	Attach identifications and completed data sheet to record	e 0 0	222	100	1.0 4.8 1.1	65 65	8 <b>.</b> 8	1.2	19 15 16	94	1.3	999	100 17 83	1.0	112 106 107	97.3 1 7.8 4 95.3 1	1.2
6.	Detach patient from recorder	F N U	ខ្លួ	00 00 100	1.0 5.0	68 64 65	001	1.1 5.0 1.1	19 15 16	94 100	 	999	100 100	1.0	112 107 107	97.8 1 6.0 4	1.1
73.	Neturn patient to floor care	<b>L</b> 40 A	11	100	1.9	55	0 <b>₹</b> 86	2.3 4.8 1.3	100	55 100 100	2.8	995	00 00 00 00	1.2	102 85 82	3.5	2.3
<b>.</b>	Motify physician that ZEG record has been completed	F to O	222	100	1.4	57 48 45	62	2.8 4.9	222	95	3.0 4.9 1.6	919	66 100 100	2.5	78 27	58.5 7.8 98	2.9 <b>6.8</b> 1.4
75.	When necessary, transport record to encephalographer	A 40 G	61 71	202	2.4	59	09 7 86	1.2	822	67	5.0	0 <del>4</del> W	66 25 100	4.3	108 94 89	8.8 34.5	2.6 4.9 1.3

Code: n = number of respondents for each task; % 1-3 = percentage of respondents included in categories one, two, and three (original eurwey response); E = mean category selected; F = frequency; S = supervision; D = difficulty

\* mean of all groups



APPENDIX E (continued)

_				 	 			
	Total N = 118	n % I-3* K	111 89.3 2.2 96 32.5 4.3 95 88 1.5				 	
	NTAC N = 6	n & 1-3 X	6 100 1.5 5 40 3.8 6 66 3.4					
	AES Sample N = 24	n 1 1-3 K	18 69 2.0 13 46 3.7 13 92 1.5					
Interpersonal Tasks (Group A)	Journal Sample N = 68	n 1-3 K	67 73 2.4 61 20 4.4 58 100 1.4					
Interpersonal	National Sample N = 20	n 1 1-3 x	20 95 2.1 17 24 4.4 18 94 1.4					
	UOTSI	Task	Discuss recording conditions with F encephalographer when requested S					
			76.					

Code:  $n = number of respondents for each task; % 1-3 = percentage of respondents included in categories one, two, and three (original survey response); <math>\ddot{\mathbf{x}} = mean$  category selected; F = frequency; S = supervision; D = difficulty

· mean of all groups

### EEG TECHNICIAN SURVEY

Clinical EEG (Group B)

		1		ונ	CIINICAI EEG (GEORGE	מפוני	in the					j					Ì
		uoțeu	Natio	National Sample N = 20	e la	Jou	Journal Sample N = 68	ele e	S Z	AES Sample N = 24	<del></del>		N = 6	<u> </u>	FIE	Total N = 118	
	Task	on id	=	1-3	ı×	ء	1-3	ı H	<b>=</b>	0 1-3	ш	=	1-3	ı×	=	8 1-3* X	ıĸ
<b>5</b> .	Review	F 20 C	15 15	93	4.5	57 55	98	1.7	19 16	2 2 8	3.9	• • •	100	3.5	92	91.3 1 28.3 4	1.6
ë.	Synthesize pertinent information	0 W 4 C		100 33 87	1.0	55 55 57	6 9 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2.1	120	60 41 76 41	2.1.1.2.5		100 66 66	3.5			2.4.5
œ.	Review tentative diagnosis	F 20 C		100 17 89	1.0	. <b>5</b> 19	92 8	1.4	et 51 51 16	100	3.6	• • • •	130 66 66 66				1.3
6	Review previous EEG records and reports	F 20 D	19 16 16	84 25 75	1.8	67 65 64	97 15 89	1.4	20 16 16	90 100	3.5	• • •	100 83 83	2.2.2	112 103 102	92.8 1.43.3 4.86.8 1.	1.5
Ä	Enter behavioral state of patient	<b>400</b>	19 19	100 10 79	1.2	66 63 61	91 6 97	1.5	20 16 17	90 25 88	1.5	999	100 66 66	2.3	1111	95.3 1.0 26.8 4.0 82.5 1.0	1.4
21.	Measure skull in order to determine placement of electrodes	F N D	20 19	80 16 100	2.0	62 61 58	77 3 83	1.9	19 15 16	79 13	2.0	<b>.</b> Մ. Մ. Մ.	100 100 80	2.0	167 100 98	84 1. 33 4. 89.3 1.	1.9 1.9
22.	Insert needle electrodes	400	15 9	47 11 78	3.4	2. <del>4.</del> 8.	41 90	3.5	11 9	17 11 100	3.9	9 40 40	0 0 0 0 0 0 0 0 0 0	3.6	91 67 62	52.3 3 17.8 4 87 1.	3.5 1.8
23.	Apply disc electrodes	<b>4 10 10</b>	20 20 20	100 15 100	1.3	64 62 61	97	1.2 4.8 1.6	20 17 18	90 12 89	1.4	¢ທທ	8 40 80		110	92.5 1 17.5 <b>4</b> 90.3 1	1.6
24.	Use of collodion	r n o	16 12 12	100	3.4 5.0	53 40 40	36 92 92	3.7 4.8 1.6	91 9 01	803	8.6.4.	<b>666</b>	83 00 100	1.8	94 69 68	59 3 1.3 4 95.5 1	2. 4. ± 2. 8. ± 3. 5. ±
25.	Use of paste	FNO	26 19 19	80 0 100	1.5 5.0 1.2	64 62 61	84 2 93	1.7	20 15 16	75	2.0	<b>.</b> Մ. Մ. Մ. Մ. Մ. Մ. Մ. Մ. Մ. Մ. Մ. Մ. Մ.	99 0 88	W 0 N	110	76.3 1. 2.3 4. 94.8 1.	1.8 1.4
		-			-			-			-			-			_

Code: n  $\approx$  number of respondents for each task; the serventage of respondents included in categories one, two, and three (original survey response);  $\ddot{x}$  \* mean category selected: F \* frequency: S \* supervision; D \* difficulty

\* mean of all groups



				ย	Clinical EEG (Group B)	S) SE	roup B										
		nator	Nati	National Sample N = 20	mple	Journal N =	nal Sa N = 68	Sample 68	¥ ~	AES Sample N = 24	의		NTAC N = 6		PIZ	Total N = 118	_
	Task	Dřine	=	1-3	ı×	c	1-3	ı×	ء	1 1-3	ı×	<u> </u>	1.3	ı×	=	1-3•	136
<b>.</b>	Other	E N D	5 7 7	20 100 100	3.0	<b>8 8 8</b>	52 10 93	3.3 4.7 1.8	07 9 2	30 17 80	3.8 4.0 1.1	m n n	50	3.5	<b>4</b> 7 39 38	25.5 44.3 80.8	3.6 1.8
27.	Recheck symmetry of electrodes	r N D	20 20 19	100 10 95	1.2	6 2 <b>2</b>	8 ° 8	1.3	20 15 16	85 20 100	1.8	999	100 17 83	1.0	112 106 105	96 13 93.3	1.4
28.	<pre>Plug electrodes into console (junction box)</pre>	400	17 15 15	82 0 93	1.9	64 63	92	1.4	19 15 16	89 0 100	1.5	• • •	100 0 100	1.0	25 88 88	90.8 .8 97.5	1.5
30.	Dim or turn off lights	r n u	20 19 19	90 100	1.4 5.0 1.4	67 65 65	94	5.0	20 15 17	90 7 88	1.6	999	100	1.0 5.0	113 105 107	93.5 2.3 96.3	1.5 4.9 1.3
31.	Restrict extraneous noise or disturbances	FND	50 C	95	1.2 5.0 1.2	67 65 65	97	1.2	19 15 16	99	1.4	• • • ————	100	1.2	112 106 107	95.3 6.8 99.8	1.2
32.	Turn on machine (pre-amplifier-amplifier-recorder)																
33.	Warm up if necessary (occurs prior to attaching electrodes)	M W D	20 19	95	1.2 5.0 1.1	63	95 0 97	5.0	20 16 17	8 . 8	1.5	• • • 	000	1.0 5.0	109 102 103	96.3 1.5 99.3	1.2 5.0 1.1
<b>;</b>	Choose instrument settings	in so to	71	<b>5 7 5</b>	1.4	61 61 60	95 8 92	1.2	17 13 15	88 15 93	1.5	000	100 17 100	1.0	101 97 98	94.3 16 94.8	1.3
<b>4</b> 2.	Choose first montage	M to O	17 16 16	88 12 100	1.7	09 88 88	9 6	1.5	121	83 17 93	1.5	999	100 17 83	1.0	93	90.3 13.3 91.5	1.5
÷.	Label montages on record in progress	FND	19 18 18	0 100	1.2	63	98	1.1	19 15 16	94	1.3	<b></b>	000	1.0 5.0 1.2	108	96.5 3.3 98.8	1.1

Code: n = number of respondents for each task; % 1-3 = percentage of respondents included in categories one, two, and three (original survey response); X = mean category selected; F = frequency; S = supervision; D = difficulty



<sup>\*</sup> mean of all groups

### EEG TECHNICIAN SURVEY

Clinical EEG (Group B)

				ฮิ	Inicel	) ) )	Clinical EEG (Group B)						İ				
		uo	Natio	mel Se	ole	Jour	Journal Sample	- elo	NPS.	AES Seeple			MENC			10te	_
		ţ <b>s</b> u		0; = R			N = 68		2	N = 24			9 = 2	و.		H = 118	18
	Tusk	<b>e</b> ța	=	0 1-3	ıx	=	0 1-3	IN	اء	1-3	1 14	=	0 1-3	ıx	=	1-3° X	ıĸ.
‡		£ v	19	100	1.0	2.6	86 %	1.1	19 15	9 <b>4</b>	1.3	99	100 66	1.0 3.5	106	98 29.5	1.1
		۵	11	87	1.9	62	<b>8</b>	2.1	16	<b>5</b>	1.6	ဖ	99	3.0	101	81.5	2.0
45.	Observe patient throughout procedure	<u>(4</u>	19	92:	1.0	3 3	76	1.2	13	<b>3</b> :	1.3	φ,	100	1.0	108	97.8	1.2
		ν <u>α</u>	2 2	18	1.5	62	<b>7</b> 6	1.7	51	100	1.7	<b>.</b> •	99	2.7	103	2 2	1.7
46.	Follow prescribed routines	fire (	19	801	1.0	19	95	1.3	20	88	1.7	9	100	1.0		95	1.3
		nΩ	81	300	1.2	65 -	~ &	٠.: د د	16	13 88	9.1 8.1	<u>م</u> م	17 83	2.8	8 8	15 90.3	1.7
47.	Select most appropriate montages	٤.	11	82	2.0	62	87	1.7	19	63	5.6	9	100	1.2	104	83	1.9
		ν c	16	<b>22</b> %	4.4	62	8 Y	<b>4.</b> 6	5 5	38	9.6	<b>1</b> 0 1	83	3.0	97	38.5	4.4
		<u> </u>	•	2	<u> </u>	3	2	·- •	1	5	;	•	ה ה	:	C C	0.	
<b>4</b> 8.	Select appropriate activation	ía,	11	88	1.6	9	88	1.6	19	73	2.0	9	100	1.2	102	87.3	1.7
	procedure	ν O	91 19	E 8	4.3	8 8	55 69	. 4. 3 6. 3	7 7	0 0 6	9.6	<b>.</b>	e 6	3.2	<b>7</b> 6	46.5	4.1
				) 		)			,	}		)	}	1	:	<u>.</u>	
<b>4</b> 9.	Annotate changes due to artifact	£4, 1	<b>8</b> :	88	1.6	63	96	1.3	19	83	1.5	9	80	1.2	106	95.8	1.4
		y c	<b>8</b> 8	17	9.6	62	۳ بر س بر	<b>2.</b> c	Z	2 5	4.4	vo v	0 6	<b>4</b> .	<b>101</b>	2 8	<b>4</b> .7
		_	}	}		<u>,</u>	3	ì	;		:	•	3	:		7	
20.	Eliminate-reduce artifact if possible	<u>(4,</u>	20	100	1.1	29	97	1.2	19	<b>7</b> 6	1.3	φ	100	1.3	112	97.8	1.2
		ν A	2 2	S 8	4.3	99	- 6	2.0	11	₹ 8	9.6	o ve	S &	7.6	109	30.5	9.6
5		-	;		(		• 1		; ;	) i		•	3	}		<b>:</b>	: :
;	or mecessary	. <i>U</i>	£ 6	3 %	0.4	63	£ =	1.7	12	2 2	7.7	o u	001	0.7	107	94.3	1.2
		۵	18	100	1.9	62	85	۲. ۳.	12	92	2.4	•	99	3.2	66	88	2.3
52.	Hyper-ventilation	íu,	20	00.	1.0	67	97	1.1	19	<b>7</b> 6	1.4	9	100	1.0	112	97.8	1.1
		S	20	20	4.6	64	7	6.4	16	25	4.3	9	×	3.5	106	20.3	4.7
		۵	20	96	2.0	9	96	2.0	16	93	1.6	S	8	5.6	101	87.3	1.9
53.	Photic stimulation	ĹL,	19	78	1.8	99	83	1.7	19	73	2.1	9	100	1.6	110	83.5	1.7
		S	11	74	4.5	9	<b>6</b> 0	4.7	Ξ	21	4.4	9	50	3.3	97	25.8	
		٥	11	96	1.9	63	98	2.1	14	93	1.9	9	83	2.8	100	68	2.1
		-						-									

Code: n \* number of respondents for each task: % 1-3 % percentage of respondents included in categories one, two, and three (original survey response); % \* mean category selected; F \* frequency; S \* supervision; D \* difficulty

\* mean of all groups



İ				Clinical	1 EEG	EEG (Group B)	B)									
		uațou	National N =	onal Sample N = 20		Journal N = (	Sample 68	WES	S Sample N = 24	<u>.</u>		NTAC N = 6		(-1. <b>2</b>	Total N = 118	
	Task	Dime	c	1-3 x	=	1-3	ıx	c	1-3	ıx	<b>c</b>	\$ 1-3	ı×		-	ıx
<u>4.</u>	Pain	F 20 D	16 12 10 1	19 4.3 67 3.2 100 2.4	55 44 43	22 18 79	4.0	15 9	40 30 56	3.3	9 55 5	83 100 60	3.2	92 71 67	53.8 73.8	3.9
55.	Natural sleep	<b>L</b> 0 <b>D</b>	19 19 19 1	84 2.1 26 4.4 100 1.7	2 4 4 4	94 3	1.7 4.9 1.9	19 15 15	79 27 100	2.2	999	100 17 83	3.7	104	89.3 1 18.3 4 93.5 ]	1.8 4.7 1.8
56.	Sedated sleep	r a u	20 19 19	90 2.1 63 3.2 95 1.8	63	86 22 84	2.1	19 15 15	63 40 93	3.9	999	100 83 83	1.3 2.7 2.8	1111 103 103	64.8 52 88.8	2.2
57.	Sleep deprivation	r o o	16 112 111	50 3.4 33 4.1 100 1.7	57 45	37 9 88	3.8	18 12 10	93 33 80	3.9 4.1 2.2	044	- 75 75	2.8	97	38.3 37.5 85.8	3.8 2.2
58.	Drowsiness	r v O	20 20 20	95 1.4 5 4.8 90 1.6	64 62	97	1.1 4.9 1.3	19 15 16	89 34 100	1.6	999	100 17 100	1.0	112 105 104	95.3 14.5	1.2
.65	Stages of sleep	r a u	50 20 20	80 2.1 5 4.7 85 1.8	69 63	85 93	1.8 2.9 3.5	19 14 15	79 43 100	2.1 4.2 1.6	999	100	2.2	1111100	86 16.8 94.5	1.9 4.7 1.6
<b>.</b> 09	Focal abnormalities	F 20 U	19 19 19	84 2.0 32 4.2 84 2.2	63	91 10 75	4.7	13	72 46 86	3.9	<b>000</b>	100 66 50	3.3	108 101 98	86.8 38.5 73.8	1.7
61.	Generalized abnormalities	r v u	19 19 19	84 2.0 32 4.1 84 2.2	63 59	89 88 88	1.6	13	77 31 64	2.1 4.1 1.9	<b>000</b>	.00 99 50	3.3	108 101 98	87.5 34.3 70.8	1.7
62.	Artifacts	F 20 C	50 20 20	95 1.4 10 4.6 85 1.8	65 64	98 86	1.1	19 17 17	89 31 94	1.6	000	100 34 66	1.2 3.8 2.8	112 107 107	95.5 19.3 82.8	1.2
63.	Coma recordings	ω O	19 18 18	57 3.3 44 3.3 61 2.9	63 58 56	49 22 71	2.7	13 13	52 62 62	3.6	200	83 40 40	2.3	107 95 92	60.3 50.8 58.5	3.3

Code: n = number of respondents for each task; % 1-3 = percentage of respondents included in categories one, two, and three (original survey response); X = mean category selected; F = frequency; S = supervision; D = difficulty



<sup>\*</sup> mean of all groups

Г							_			
	Total N = 118	1 1-3* x	67.8 3.9 64.5 3.6 52.5 3.1	12 4.2 51.8 3.8 63.3 2.8	93.5 1.4 47.5 4.1 94 1.4	71.5 2.2 42.8 4.4 82.8 1.8		97.8 1.1 6 4.9 100 1.1	97.8 1.2 4.5 4.9 100 1.1	63.5 2.6 5.5 4.8 92.8 1.3
		=	2 8 8 2 4	103	97	97		112 107 107	113 108 108 1	85 81
	υi Φ	111	8.64	0.4.6	3.2	3.4		1.0	1.0	2.0
	N = 6	0 1-3	83 100 25	93 33	100 66 83	83 60		100 1.7 100	100	00 08 00 08
		=	φ <b>r</b> υ <b>4</b>	• • •	999	9 0 0		•••	• • •	
	٥l	ı×	# N M	4.1 3.7 2.8	3.9	2.7 4.0 1.9		1.3	1.3	6.44 6.35 6.45
	AES Sample N = 24	1 1-3	63 54	16 33 75	94 43 100	64 38 92		94 7 100	0 0 100	91
	3	=	19 13 13	19 12 12	18 14 13	18 13 12		19 15 16	19 15 16	211
	- elo	ix	3.6	4.1	1.4	2.2		1.1 5.0 1.1	1.2 4.9 1.1	9 6 6 7 7 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
roup B	Journal Sample N = 68	1-3	49 23 65	26 31 79	92 13 93	73 8 88		97 0 100	97 1 100	100
EEG (C	Jour	=	52	61 55 52	65	57 53 49		68 67 66	68 67 66	S S S S
Clinical EEG (Group B)	O	ı×	3.4 3.1	4.5 3.0	1.5 1.3	2.6 3.8 1.6		1.0 5 1.0	1.0 5 1.0	4.00.4
ប	National Sample N = 20	1-3	2 5 3	9 99	88 60 100	66 45 91		100	100	76 0 100
	Nat	=	17 15 15	100	17 15 14	11 11		19 19 19	2 2 2	115
	uorei	nem (	FNO	# W Q	r N D	FND		ii o	4 V Q	k vs a
		Task	Intensive care recordings	Infectious disease/isolation techniques	Review completed record	. Make descriptive classification	Attach identifications and completed data sheet to record	. Detach patient from recorder	. Clean electrodes	. Sterilize electrodes
			9	65.	67.	68.	69.	70.	л.	73.

Code: n = number of respondents for each task; % 1-3 = percentage of respondents included in categories one, two, and three (original survey response);  $\bar{x} = mean$  category selected; F = frequency; S = supervision; D = difficulty

\* mean of all groups



				Insti	nstrumentation (Group C)	tion (G	roup C										
		uoteu	National N =	onal Sa N = 20	Sample 20	Journal N =	al Sample 1 = 68	ple	MES	AES Sample N = 24	ا.م		NTAC N = 6	· ·		Total N = 118	18
	Task	i <del>o</del> mi (	c	1-3	ı×	c	1-3	ı×	د	1-3	ı×	د	1-3	ıx	=	1-3	·×
32.	Turn on machine (pre-amplifier-amplifier-recorder)	F N D	50 20 20	100 0 95	1.0	66 64 64	97 6	5.0	20 16 17	90 100	1.5	999	0000	10 5 1.0	112 106 107	92 98	1.3
#	Check paper supply	r v o	20 20 20	100 0 100	1.1	63 65 65	95	5.0	20 16 17	95 6 100	1.3	999	001	5.0	109 107 108	98 1.5 98.8	1.2
35.	Check ink flow	<b>₩</b> W □	2 2 2	001	1.1	64 64	97 0	5.0	20 16 17	90 100	1.5	999	800	1.3	113 106 107	96.8 1.5 99.3	1.3
36.	Check and select high filters	6. V O	18 18 18	100 6 89	1.2	67 65 65	97 3	5.0	19 15 16	84 27 100	7. 4. 1 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4	999	100 17 83	2.2	100 104 105	95.3 13 92.3	1.3
37.	Check and select low filters	<u>د</u> ده ۵	17 16 16	94 19 88	1.5	61 61 60	93 4	1.4	19 15 17	83 34 100	2.0	999	100 34 83	1.2	103 98 99	92.5 23.3 91	1.5
38.	Select speed of paper drive	e v O	18 15 15	66 13 93	4.5	62 61 61	82 0 97	5.0	20 15 17	79 7 100	4.6	499	100 34 83	2.3	97	81.8 13.5 93.3	1.9 4.7 1.3
39.	Perform internal calibration	E vi O	18 15 15	88 28 93	2.4 2.5 4.5	62 59	92 95	5.0	1.8 13 16	63 8 100	1.3	999	0001	1.0	104 93	92.3 9.5 97	4.9
•	Perform external calibration (signal from patient)	E V C	13	86 15 100	1.6	60 57 55	88 2 2 93 1	1 2 0 9 1 . 6 . 6 . 6 . 6 . 6 . 6 . 6 . 6 . 6 .	18 14 13	78 7 87	1.9	999	100	1.0	8 2 6	88 6 95	1.6 1.5
	Perform terminal calibration	F 20 D	188	100 19	1.3	62 59 56	48 7 7 8 1 1 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.7	19 12 13	68 17 100	2.3 4.4 1.2	999	00 0 100	1.0	105 95 93	88 10.8 98.8	1.7
. 87	Fill ink reservoir as needed	កលប	20 20 20	001	2.0 1.0	66 64 66	97 1	1.7	19 16 17	94 0	1.5	999	100	1.2 5 1.0	114 106 109 1	97.8 .5 100	1.7 5.0 1.0

Code: n = number of respondents for each task; % 1-3 = percentage of respondents included in categories one, two, and three (original survey response); % = mean category selected; F = frequency; S = supervision; D = difficulty



<sup>\*</sup> mean of all groups

				Instr	nstrumentation (Group C)	ion (G	roup C							1			
		noten	Nationa	( u	Sample 20	Journal N	nal Sample N = 68	ple	NES N	AES Sample N = 24			NTAC N = 6			Total N = 118	
	Task	Dime	<b>c</b>	1-3	ı×	<i>a</i>	1-3	ı×	=	1-3	ı×			134		1-3	ix
79.	Check for breaks in electrode cables	F N D	19 18 18	63 19	2.4	65 62 63	88 60 60 60	1.3	19 16 17	69 12 100	2.3	N N N	80 100 100	1.8	101	79.3 : 18.5 4 99.5 1	2.1
. 60	Change stylus as necessary	FND	20 18 18	40 27 100	1.5	66 65 65	32	4.9 1.3	19 15 16	17 13 94	3.7	999	17 50 83	2.2	104	26.5 23.3 94.3	3.5
<b>81</b> .	Adjust ink flow when necessary	FNO	16 16 16	68 19 100	 	64 60 61	30	6.44 9.46 9.49	19 15 16	32 13 94	3.6 4.5 1.6	φ <b>ι</b> ν ιν	66 40 100	2.2.4.2	96	49 18.8 98.5	3.4
83.		64 N Q	18 16 16	72 12 100	2.4 4.6 1.0	63 53 58	59 2 100	2.8	18 15 16	72 7 100	2.5	φφφ	100 0 100	1.2 4.8 1.5	105 96 96 10	75.8 5.3 100	2.6 4.8 1.1
93.	Change galvanometer when necessary	r N D	138 8 8	37	8.8 2.8 E.	51 45 43	111 7 93	4.3	16 9 8	12 22 100	4.4	<b>Φ 4 ι</b> υ	0 20	1.2	2 3 2	5.8 41.5 69	4.4 4.3 2.1
<b>2</b>	Check replace tubes when necessary	FNO	14	22 14 93	4.1	65 62 61	16 8 97	3.8	19 15 16	32 34 34	3.7 4.2 1.9	999	50 66 83	3.5	97	30 27 91.8	3.8 4.6 1.8
85.	Replace pre-amplifier/amplifier when necessary	L 10 Q	18 9 9	6 22 100	4.6 3.8 1.7	57 54 53	10 4 91	4.4	13	21 46 93	3.7	ம்மம்	17 80 60	3.2	100 81 72	13.5 38 36	2.2
8.	Refill paper supply as needed	L v O	20 20 20 20	100 0 100	1.4	67 63 63	94	1.7	19 16 17	94 0 100	1.6	999	100 100	1.2	112 105 106 1	5. 100	1.6
81.	Sharpen needles as required	F 20 C	13 8 8	47 12 100	3.9	61 40 40	41 5 97	3.6 4.9 1.3	16 12 12	69 25 100	1.3	<b>6</b> 70 10	50 20 80	3.3	101 65 65	51.8 15.5 94.3	3.7
98	Check continuity of electrodes as required	F N O	18 16 16	72 6 100	2.2	63	100	1.2	18 15 15	89 13 100	2.1	<b>000</b>	83 50 100	3.8	105 96 97 1	80 17.8 160	2.2 4.8 1.2

Code: n = number of respondents for each task; % 1-3 = percentage of respondents included in categories one, two, and three (original survey response);  $\bar{x}$  = mean category selected;  $\bar{y}$  = frequency;  $\bar{y}$  = supervision;  $\bar{y}$  = difficulty



<sup>\*</sup> mean of all groups

		-		Inst	Instrumentation (Group C)	tion (	Group	أ									
		UC	Mat	onel S	on one	Journal	nal Sau	Semple	NE.	Semple			MEAC		-	Total	
		) <b>te</b> u		N = 20		}	N = 68		-	H = 24			9 = 9		-	= 118	
	Task	<b>e</b> sta	=	1-3	ı×	a	1-3	ıx	a	1 1-3	ı×	a	1 1-3	cal .	c	1-3	1 14
.68	Calibrate paper drive when necessary	À	91	20	3.0	9	52	3.0	11	24	3.9	SO .	2 5	3.3	86	36.5	3.2
		s	7	=	4.5	22	•	æ:	15	17	4.3	•	2	2.3	S S		
		۵	<b>=</b>	8	1.4	Z	100	1.2	12	100	1.4	•	20	3.5	3	6/.5	• - 7
8	Check batteries (if applicable)	B <sub>4</sub>	14	57	2.9	37	77	3.9	13	23	4.2	'n	9	3.0		36	3.7
		Ŋ	11	6	4.6	57	•	<b>4.</b> B	==	6	4.5	•	<b>52</b>	3.3	83	11.8	4.7
		۵	11	100	1.0	35	100	1.3	=======================================	100	1.2	•	100	1.5		8	1.2
91.	Perform external calibration with	ħ.	11	25	2.9	21	6	3.7	11	18	4.1	50	0	₽.₩	96	35	3.7
	signal generator	v	13	31	4.2	<b>Q</b>	13	4.6	9	30	3.7	m	100	1.3	99	43.5	4.2
		۵	13	8	1.2	33	76	1.7	2	80	2.2	m	0	5.0	65	68.5	8.1
92.	Use oscilloscupe to monitor signal	file	15	20	1.1	4	6	4.6	18	11	1.1	S	•	5.0	85	10	4.5
	generator	v	^	7	7.	7	17	<b>f</b> .3	6	26	3.0	m	90	1.0	<b>4</b> 3	<b>4</b> 6.8	3.8
		۵	9	8	1.2	7	79	2.2	~	<b>4</b> 3	3.4	m	0	0.0	<b>9</b>	55.5	2.5
93.	Clean outer surface of machine	Şa,	20	9	2.2	67	72	2.2	20	88	2.1	9	100	1.5	113	86.8	2.1
		S	20	0	Z,	65	7	6.4	16	ဖ	6.4	9	0	_		~	4.9
		۵	2	80	1.0	65	100	1:1	16	100	1:1	9	100	1.6	107	8	1.1
94.	Clean inkwells of machine	ía,	19	57	3.2	65	72	3.0	20	9	3.0	9	100			72.3	3.0
		ທ	18	0	6.4	62	7	6.4	16	0	2.0	9	11	4.2		<b>4</b> .8	6.1
		Ω	18	100	1.0	3	100	1:1	91	100	1.0	9	8		<b>7</b> 01	001	1.1
95.	Clean air filters on power supply	Ĉ4	18	20	3.8	62	28	3.2	8	S	3.4	9	F.3	3.2	96	60.3	3.7
		s (	13	E :	7:	9 (	7	6.4	91 :	0	6.9	<b>9</b> (	77	4.2	95	12.5	4.7
	•		CT	201		3	707	1:1	0	3		Đ	3	9:1		3	7:7
96	Clean electrical contacts	Pa.	11	36	9:1	59	42	3.4	19	<b>4</b> 3	3.4	9	17		101	34.5	3.5
		vo (	7	27	4.2	95	•	6.9	7	-	<b>4.8</b>	SO.	8	2.4	96	29.5	<b>4</b> .6
		<u> </u>	=	8	1.5	7	001	1.2	13	901	1:1	s ·	9	3.5	83	0	1.3
97.	Clean inside console	<b>A</b> .	16	25	€.0	28	29	3.8	19	<b>5</b> 6	3.6	9	7	3.3	66	29.5	3.8
		Ŋ	10	0	5	55	7	4.9	7	3	4.7	9	11	4.3	82	8.3	4.5
		۵	9	001	1.3	22	86	1.3	13	100	1.1	9	83	2.0	81	95.3	1.3
98.	Clean electrical board and cables	<b>A.</b>	19	78	2.8	63	63	2.9	19	7.	2.4	ဖ	99	2.8		70.3	2.8
		s	15	0	6.4	62	~	6.4	15	0	5.0	ιń	2	4.6		8.0	4.9
		۵	15	<b>10</b>	1.0	<u></u>	8	1.1	11	100	1.0	ī,	100	1.5	95	100	1.1
								-			-			-			

Code: n w number of respondents for each task; % 1-3 = percentage of respondents included in categories one, two, and three (original survey response); X = mean category selected; F = frequency; S = supervision; D = difficulty

\* ween of all groups



				800114	Miscellaneous Functions (Group D)	Punct ic	10 (Cr	d dho			-						
		uoțsu	Macic	National Sample N = 20	• ldim	Journ	Journal Sample N = 68	əld		AES Sample N = 24	۰l		NTAC N = 6			Total N = 118	<b>m</b>
	Yes?	of sec	ď	1-3	ı×	<b>6</b>	1-3	ı×	=	1-3	1#	<b>c</b>	1 1-3	ı x	<b>c</b>	1-3*	ı×
tr.	Maintain and use appropriate filing, storage and retrieval systems	<b>L</b> W D	20 18 18	90 17 100	1.6	66 63	97 8 9 <b>4</b>	1.3	19 15 16	94 34 100	4.3	<b></b>	100 83 66	3.3	1111 104 103	95.3 35.5 90	1.4
.66	Recording supplies	F N D	19 18 18	78 17 100	3.0	66 65 65	8 8 8 8	3.1	20 15	93 69	3.3 4.2 1.3	999	66 17 83	3.3	104	67.5 14.3 93.5	3.2 4.7
100.	Cleaning supplies	<b>400</b>	19 24 15	52 0 100	3.5	63	50 2 98	3.4	19 15 15	57 20 100	3.2	<b>.</b> Ծ Մ Մ	% C 08	3.6 4.9 1.8	108 97 98	56.3 10.5 94.5	4.8
131.	Maintenance supplies	E 00 D	18 14 15	50 7 100	3.4	65 64 64	<b>46</b>	3.3	19 15	48 20 93	3.5	<b>.</b> Ծ տ տ	% <b>9 %</b>	3.0 2.0 2.0	108 98 99	48.5 17.5 92.8	3.4 4.8 1.3
102.	Clerical supplies	ш v a	3	77 133 1000	1.1.6.0	<b>4</b> 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	<b>3</b> 6 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	6. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	94 4 54 4 54 4 54 4 54 4 54 4 54 4 54 4	700 100 100	4.4.	<b>ა</b> ა ა ა ა	8 7 8 8 3 7 8 9	4.4 9.4 9.6	100	63.5 95.3 8.5 8.5	 

Code: n = number of respondents for each task; % 1-3 = percentage of respondents included in categories one, two, and three (original survey response); x = mean category selected; F = frequency; 2 = supervision; D = difficulty

\* mean of all groups



### APPENDIX F

### RESEARCH:

### National Sample

- 1. Eye movement artifact
- 2. Average electrode
- 3. Headache
- 4. Brain tumors with isotope
- 5. Cerebral death determination

### EEG Journal Survey

- 1. Sleep recordings
- 2. Twin recordings
- 3. Hypoglycemia
- 4.
- 5. Photic stimulation
- 6. Revital activation studies for activating cephalic epileptic foci
- 7. Alcoholism
- 8. Treatment of induced schizophrenic systems with niacin
- 9. Perceptual deprivation
- 10. Quantitative analysis of the EEG in psychopathological state
- 11. Slope posterior rhythms in the EEG
- 12. EEG studies on patients referred for gasoline and glue inhalation
- 13. Epileptic frequency, laterality, head injuries
- 14. Operate conditioning
- 15. Mental retardation survey
- 16. Single seizure study
- 17. Response threshold study
- 18. Habituation for dialectics
- 19. 14 and 6 sec. rhythm in children
- 20. Depth recording with convulsive disorders
- 21. Eye movement studies

### **EDUCATION:**

- On-the-job training of tech.
- Orientation of practical nurses to the why and what of EEG
- Orientation lectures for LPN's, RN's, and other staff personnel
- Teaching portable recording technique
- 1. Technician training courses
- 2. Orientation courses for aides
- 3. Orientation courses for clerical personnel
- 4. Assisting in training resident M.D.
- 5. Orienting nurses to EEG
- 6. Supervising departmental in-service education
- 7. Supervising paramedical education
- 8. Training residents
- 9. Orienting ward clerks to EEG
- 10. Orienting Neurology interns and resident to EEG



### APPENDIX F (Cont'd)

- 11. Orienting four-year medical students to EEG procedures
- 12. Training of youth core
- 13. Training of welfare recipients
- 14. Orienting medical technology student to EEG

### MEMBERSHIP IN PROFESSIONAL SOCIETIES:

### National Sample

- 1. American Society for EEG Technologists
- 2. Western EEG Technician Society
- 3. Wyoming Society of Medical Technologists
- 4. Southern Society of EEG Technology
- 5. American Society of EEG Technology
- 6. X-Ray Society

### EEG Journal Survey

- 1. Rocky Mountain EEG Society
- 2. Canadian Society for EEG Technologists
- Southern Society for EEG Technologists
- 4. Oklahoma Society for EEG Technologists
- 5. Metropolitan EEG Society
- 6. Michigan EEG Society
- 7. New England Society of EEG Technicians
- 8. American EEG Association
- Bay Area Society of EEG Technicians
- 10. Western Society of EEG Technicians
- 11. Central Society of EEG Technicians
- 12. Ohio State Society for EEG Technicians
- 13. Oklahoma Society for EEG
- 14. Philadelphia Regional Society for EEG
- 15. American Epilepsy Association
- 16. Alabama Association of Medical Technicians
- 17. American Society of Medical Technologists

### OTHER DUTIES:

### **EEG Related**

Echoencephalograms Culling EEG records Surgical monitoring Statistical reports

### Non EEG Related

Pulmonary function tests Pharmacy supplies Blood gas analysis Prepare time cards



### APPENDIX F (Cont'd)

### **EEG** Related

### Pharyngeal studies Sphenoidal studies

### Non EEG Related

Assisting in EKG lab.
Assisting in visual field test
Payroll functions
Safetv committee
Tilt table studies
Projectionist for conferences
Assisting in nerve conduction
examinations
Punching IBM cards
Hospital newspaper staff member
Maintaining electronic equipment

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Dr. Melvin L. Barlow
Elinor Shenkin, Administrative Assistant
Lucille Patenaude, Principal Clerk

Acting Director
Dr. Miles H. Anderson

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